Assessment of Knowledge, Attitudes, and Practice (KAP) on Water, Sanitation and Non Food Items among Internally Displaced Populations in Zalingie, West Darfur, Sudan.

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Acronyms

IDP     Internally Displaced person  
IRC     International Rescue Committee  
KAP     Knowledge Attitude Practice  
MSF     Medicines Sans Frontiers  
NFI     None Food Items  
WFP     World Food Program
Background

Mercy Corps started humanitarian relief operations in Zalingie in the two (2) major camps in August 2004. Water and sanitation, hygiene promotion and distribution of non food items (NFI) came into full operation in September 2004. After three months of intensive humanitarian assistance activities in the above areas, we aimed at improving the services and introducing new ideas that are both sustainable and socially acceptable in relation to the beneficiary communities. In order to better understand our beneficiaries and their needs and assess the uptake and impact of the said programs on their livelihoods, we conducted a comprehensive Knowledge, Attitude and Practice (KAP) survey to evaluate our work in El Hamadiya and El Hassa Hissa camps in Zalingie.

Methodology

The survey was designed to assess the KAP among the IDPs in relation to water, sanitation and NFI requirements and coverage. A secondary purpose of the survey was to obtain more accurate beneficiary/camp population data. We decided to combine the registration and the survey by doing house to house surveys, using a simple questionnaire for each household. This was necessary as the number IDPs had significantly increased after the last registration done by the World Food Program. The questionnaire was designed in English and translated into Arabic and pre-tested for any translation errors.

The KAP survey team received a two day intensive training in survey design and purpose, questionnaire administration and collection. The survey team consisted of community hygiene promoters with close supervision by the hygiene promotion assistants and officers in each camp.

Analysis

After surveying a cluster, teams returned questionnaires to us, and we checked them for data accuracy. In total 14233 households were surveyed. The data was then entered into an Excel spreadsheet identical to the questionnaire. Due to the volume of the work involved and difficulties with recruiting qualified personnel to translate the questionnaires and enter the collected data into the master database, the data analysis was delayed beyond the planned deadline.

Results

1. Demographic Data

<table>
<thead>
<tr>
<th>Age</th>
<th>Hassa Hissa</th>
<th>Hamadiya</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M</td>
<td>F</td>
<td>M</td>
</tr>
<tr>
<td>&lt;5Yrs</td>
<td>4381</td>
<td>4520</td>
<td>3335</td>
</tr>
<tr>
<td>6-14Yrs</td>
<td>6659</td>
<td>5814</td>
<td>4761</td>
</tr>
<tr>
<td>15-34 Yrs</td>
<td>5690</td>
<td>7309</td>
<td>3342</td>
</tr>
<tr>
<td>35-64 Yrs</td>
<td>2464</td>
<td>7093</td>
<td>1417</td>
</tr>
<tr>
<td>&gt;65 yrs</td>
<td>508</td>
<td>380</td>
<td>645</td>
</tr>
<tr>
<td>Pregnant</td>
<td>303</td>
<td></td>
<td>547</td>
</tr>
<tr>
<td>Total</td>
<td>19702</td>
<td>20329</td>
<td>13500</td>
</tr>
</tbody>
</table>
The total population of both camps is 66,473, with the majority 85.15% (56,604) of the population under 34 years old. (850) 6% of the women in the camps are pregnant. The survey showed a significant increase of population compared to the last registration of World Food Programme (WFP) which indicated a total population of 52,000. This is due to influx of IDPs from other settlements in the region and the host population moving into the camp in order to receive assistance.

2. Sanitation

2.1 Latrine Use

- 49% use latrines, 38% do not and 13% did not respond.

Latrine use by gender is relatively in balance with male population at 50.51% and female at 49.50%. The results were encouraging in terms of overall latrine use: in most age groups the latrine use is over 50%, with a somewhat lower percentages in the
over 65 age group. Taken the fact that most of the camp residents did not have latrines in their homes of origin, the results indicate that hygiene promotion activities in the camps have been successful and stress the importance of continuing use and expanding of latrine construction and maintenance in the camps.

2.2 Reasons for Latrine Use

<table>
<thead>
<tr>
<th>Reason</th>
<th>&lt;5 M</th>
<th>6 M</th>
<th>15 M</th>
<th>45 M</th>
<th>65 M</th>
<th>Total Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health</td>
<td>8%</td>
<td>9%</td>
<td>71%</td>
<td>66%</td>
<td>71%</td>
<td>19%</td>
</tr>
<tr>
<td>Privacy</td>
<td>4%</td>
<td>3%</td>
<td>21%</td>
<td>19%</td>
<td>16%</td>
<td>22%</td>
</tr>
<tr>
<td>Social</td>
<td>3%</td>
<td>2%</td>
<td>11%</td>
<td>7%</td>
<td>7%</td>
<td>8%</td>
</tr>
<tr>
<td>Persuaded by NGOs</td>
<td>9%</td>
<td>9%</td>
<td>12%</td>
<td>9%</td>
<td>8%</td>
<td>13%</td>
</tr>
<tr>
<td>Other</td>
<td>3%</td>
<td>2%</td>
<td>2%</td>
<td>1%</td>
<td>1%</td>
<td>1%</td>
</tr>
</tbody>
</table>

58% of the respondents use latrine for better health, 18% for privacy, 13% because they are persuaded to do so by NGOs, while 8% use latrine to show their social status. Age groups between 6 and 15 years are more aware of health benefits of latrine use, whereas health awareness is significantly lower in younger population and population over 45 years of age. Similarly, age groups from 6 to 15 years are more concerned with privacy and more open to accepting the latrine use through promotion activities carried out by NGOs. Male and female population in all age groups seem to be equally aware or concerned with the issues surveyed.

2.3 Problems with Latrines Use

<table>
<thead>
<tr>
<th>Problem</th>
<th>&lt;5 M</th>
<th>6 M</th>
<th>15 M</th>
<th>45 M</th>
<th>65 M</th>
<th>Total Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>No water</td>
<td>2%</td>
<td>3%</td>
<td>6%</td>
<td>6%</td>
<td>4%</td>
<td>6%</td>
</tr>
<tr>
<td>Flies</td>
<td>7%</td>
<td>5%</td>
<td>37%</td>
<td>28%</td>
<td>28%</td>
<td>34%</td>
</tr>
<tr>
<td>Superstructure</td>
<td>3%</td>
<td>4%</td>
<td>26%</td>
<td>25%</td>
<td>32%</td>
<td>32%</td>
</tr>
<tr>
<td>Smell</td>
<td>7%</td>
<td>6%</td>
<td>38%</td>
<td>32%</td>
<td>37%</td>
<td>40%</td>
</tr>
<tr>
<td>Overflowing (rain)</td>
<td>0%</td>
<td>1%</td>
<td>1%</td>
<td>2%</td>
<td>1%</td>
<td>2%</td>
</tr>
<tr>
<td>Children don't use</td>
<td>1%</td>
<td>1%</td>
<td>3%</td>
<td>3%</td>
<td>3%</td>
<td>3%</td>
</tr>
<tr>
<td>Pit full</td>
<td>1%</td>
<td>1%</td>
<td>2%</td>
<td>2%</td>
<td>1%</td>
<td>2%</td>
</tr>
<tr>
<td>Slab unstable</td>
<td>1%</td>
<td>1%</td>
<td>3%</td>
<td>4%</td>
<td>1%</td>
<td>2%</td>
</tr>
<tr>
<td>Other</td>
<td>0%</td>
<td>0%</td>
<td>1%</td>
<td>1%</td>
<td>1%</td>
<td>1%</td>
</tr>
</tbody>
</table>

Among the problems preventing regular latrine use the presence of flies, lack of superstructure and unpleasant smell were indicated to be of more significance than other problems explored. This is particularly the case in age groups from 6 to 15 years. Male and female populations are equally concerned with these problems.
3.1 Percentage of Disease Affected Population by Camp

<table>
<thead>
<tr>
<th>Diseases</th>
<th>Hasa Hissa</th>
<th></th>
<th>Hamadiya</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td># of people affected</td>
<td>Percent</td>
<td># of people affected</td>
<td>Percent</td>
</tr>
<tr>
<td>Malaria</td>
<td>684</td>
<td>8%</td>
<td>629</td>
<td>7%</td>
</tr>
<tr>
<td>&lt;5 yr Diarrhoea</td>
<td>98</td>
<td>1%</td>
<td>208</td>
<td>2%</td>
</tr>
<tr>
<td>Diarrhoea</td>
<td>314</td>
<td>4%</td>
<td>525</td>
<td>3%</td>
</tr>
<tr>
<td>Jaundice</td>
<td>377</td>
<td>7%</td>
<td>226</td>
<td>3%</td>
</tr>
<tr>
<td>Conjunctivitis</td>
<td>104</td>
<td>1%</td>
<td>314</td>
<td>4%</td>
</tr>
<tr>
<td>Dysentery</td>
<td>30</td>
<td>0%</td>
<td>172</td>
<td>2%</td>
</tr>
<tr>
<td>Skin diseases</td>
<td>73</td>
<td>1%</td>
<td>172</td>
<td>2%</td>
</tr>
<tr>
<td>Other</td>
<td>1005</td>
<td>15%</td>
<td>1002</td>
<td>12%</td>
</tr>
</tbody>
</table>

Occurrence of malaria and diarrhea in both camps is very low, largely due to improved sanitation and hygiene promotion activities in the camps.

3.2 Disease prevention (percent)

<table>
<thead>
<tr>
<th>Methods</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Keeping clean</td>
<td>60%</td>
</tr>
<tr>
<td>Use safe drinking water</td>
<td>55%</td>
</tr>
<tr>
<td>Use and cleaning of latrines</td>
<td>28%</td>
</tr>
<tr>
<td>Follow health advice</td>
<td>25%</td>
</tr>
<tr>
<td>Wash hands and personal hygiene</td>
<td>35%</td>
</tr>
<tr>
<td>Mosquito net</td>
<td>13%</td>
</tr>
<tr>
<td>Environmental cleaning</td>
<td>16%</td>
</tr>
</tbody>
</table>

60% of the respondents stated that they prevent diseases by keeping clean, 55% use safe drinking water, 35% practice hand washing and other forms of personal hygiene while 28% use latrines and keep them clean. 16% of the respondents carry out environmental cleaning and 13% use mosquito nets to prevent diseases.

4.0 Water supply and Hygiene Promotion

- 88% of total population wash their hands for the following reasons:

  1. Cleanliness 55%
  2. Prevent bad smell 36%
  3. Prevent diseases 41%
Those who wash their hands do so:
1. Always when their hands are dirty 45%
2. After visiting latrine 34%
3. Before preparing food 49%
4. Before eating food 51%
5. After eating food 31%
6. After cleaning children 9%
7. Before breastfeeding 7%

66% of the responses use soap when washing hands, 24% use only plain water, 14% use sand, and 12% use ash to clean their hands.

70% wash child after defecation, 4% do not (26% did not respond)

Only 51% of the above 70% properly dispose of child defecation, while 10% throw it in the latrine and 2% do not see it as harmful.

69% of respondents correctly identify dehydration symptoms:
   a) Dryness of the mouth 31%
   b) Watery stool 27%
   c) Sunken eyes 28%
   d) Fever 23%
   e) Others 4%

Food Hygiene: To keep food safe 70% of the respondents cover their food to keep it safe, 46% cook the food, 37% wash and 16% do not do any of the above to keep their food safe.

Skin Disease Prevention: 68% of the respondents wash their clothes, beddings regularly and hang out in the sun to dry. 55% bathe and change clothes regularly, 34% wash face with soap and water and 31% keep flies away from the face.

Good Hygiene Practices: 56% of the respondents bathe regularly, 43% keep food away from flies, 42% keep compound clean and 25% wash hands all the times as good hygiene practice.

83% clean their water container (16% did not respond); 76% clean water container every two days; 9% every two days; 3% every two weeks or once a month; 1% never.

58% clean their water container to prevent diseases, 51% of the respondents say they clean their water container to keep clean and 8% say there were persuaded to clean their containers.

Detergent used in cleaning water containers:
   Water 43%
   Soap 54%
   Sand 18%
Gravel 5%
Soap and gravel 5%

- **Washing Area**: 39% use their house as washing area, 24% use the latrine and 20% nowhere. There are no designated or public wash areas which makes it difficult for washing laundry and bathing areas.

- 63% of the respondents bathe once a day, 17% twice a week and 13% once a week. When asked why not bathe more often, 29% said there were no private places, 19% no materials to wash with (soap, buckets, jerrycan), and 11% cited lack of water as the reason.

5.0 Non Food Items

The following table represents NFI coverage by camp. The following assumptions were used to analyze the data collected:

- Data as obtained at the time of the survey
- average household size of 4.6 persons
- number of items required per household presented as average needed in the table

<table>
<thead>
<tr>
<th>NFI</th>
<th>Avrg Needed</th>
<th>Hasa Hisa</th>
<th>Hamedia</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plastic sheeting</td>
<td>1 piece</td>
<td>81%</td>
<td>71%</td>
<td>56%</td>
</tr>
<tr>
<td>Wash basin</td>
<td>1 piece</td>
<td>19%</td>
<td>45%</td>
<td>32%</td>
</tr>
<tr>
<td>Toilet soap</td>
<td>4 bars</td>
<td>3%</td>
<td>4%</td>
<td>5%</td>
</tr>
<tr>
<td>laundry soap</td>
<td>2 bars</td>
<td>91%</td>
<td>61%</td>
<td>56%</td>
</tr>
<tr>
<td>Jerrycan</td>
<td>2 pieces</td>
<td>38%</td>
<td>41%</td>
<td>39%</td>
</tr>
<tr>
<td>Bucket</td>
<td>1 piece</td>
<td>17%</td>
<td>33%</td>
<td>28%</td>
</tr>
<tr>
<td>Ibirik</td>
<td>2 pieces</td>
<td>32%</td>
<td>30%</td>
<td>34%</td>
</tr>
<tr>
<td>Comb</td>
<td>1 piece</td>
<td>9%</td>
<td>13%</td>
<td>15%</td>
</tr>
<tr>
<td>Cooking Utensils</td>
<td>4 items</td>
<td>32%</td>
<td>29%</td>
<td>34%</td>
</tr>
<tr>
<td>Cup</td>
<td>2 pieces</td>
<td>41%</td>
<td>39%</td>
<td>40%</td>
</tr>
<tr>
<td>Straw mats</td>
<td>3 pieces</td>
<td>24%</td>
<td>37%</td>
<td>33%</td>
</tr>
<tr>
<td>Blanket</td>
<td>4 pieces</td>
<td>90%</td>
<td>64%</td>
<td>57%</td>
</tr>
<tr>
<td>Mosquito Net</td>
<td>1 piece</td>
<td>4%</td>
<td>8%</td>
<td>9%</td>
</tr>
<tr>
<td>Sanitary ware</td>
<td>1 set</td>
<td>4%</td>
<td>18%</td>
<td>13%</td>
</tr>
<tr>
<td>Sleeping mat</td>
<td>2 pieces</td>
<td>0%</td>
<td>14%</td>
<td>9%</td>
</tr>
</tbody>
</table>

Only three of the surveyed items are covered at more than 50%: plastic sheeting, laundry soap and blankets. Coverage with other NFI items is below 40% and in some cases as low as 4%.

- 22% received MC plastic sheet, 53% did not (11% did not respond)
- 21% used plastic sheet for roof (81% did not respond)
Discussion

During the first phase of the emergency, relief organizations were involved in setting up and controlling the emergency and thus focused on provision of emergency humanitarian assistance only. Community participation and involvement was limited and this was coupled with low literacy level and community in desperate need of services. Water, sanitation and hygiene promotion activities were therefore too complex for the community to be involved during these initial stages of relief effort. Very few of the IDPs had knowledge of latrine use but after successful general community mobilization over 55% have started using latrines. The concept of latrine ownership and sharing was also more than they could comprehend because they hardly used latrine in their homes of origin. Therefore, digging of latrines was not an immediate priority when they could just use the ‘Khor’ (seasonal stream) to help themselves. There was also the demand for compensation for latrine digging. With the proper integration of the software and the hardware, the IDPs gradually got involved and learned the importance of latrine use.

Community mobilization and hygiene promotion was intensified in the beginning which helped increase awareness and made the community adopt good hygiene practices. 66% of the respondents use soap when washing hands, 56% take bathe regularly, 70% cover their food and 83% clean their water containers. 51% of the respondents clean their hands before eating food, 49% before food preparation, 45% when hands dirty, 34% after visiting latrine and 7% before breastfeeding. 70% of the respondents wash children after defecation and 51% safely dispose the children stool in the latrines.

68% of the respondents wash their clothes and beddings regularly and hang them out in the sun to dry. 55% bathe and change clothes regularly, 34% wash face with soap and water and 31% keep flies away from the face in order to prevent skin diseases.

NFI coverage at the time of the survey was very poor - only three of the surveyed items are covered at more than 50%: plastic sheeting, laundry soap and blankets. Coverage with other NFI items is below 40% and in some cases as low as 4%. (Note: Mercy Corps distributed kitchen sets, hygiene kits, and floor mats to 15,000 families in the camps following this survey.)

Water sources in the camps are from tap stands and the hand pumps. The tap water is treated and supplied by MSF. As for the hand pumps the water is chlorinated on site by IRC. 58% clean their water container to prevent diseases, 51% of the respondents say they clean their water container to keep clean and 8% say there were persuaded to clean their containers. 54% use soap in cleaning their water containers, 43 % use only water to clean and 5 percent use gravel and soap to clean. Water is contaminated at the source, collection and transportation; this is due to poor handling and drinking habits.

There is a general problem of washing area in the camps which makes the IDPs use their houses as washing area 39%, 24% use the latrine and 20% nowhere. There are no designated or public washing areas which makes it difficult for washing laundry and bathing areas. The community is in need of proper and adequate washing areas.
Recommendations:

- Start water and sanitation activities among the host population to reduce the influx of people into the camps.
- Scale up latrine use, regular cleaning and maintenance.
- Provide squatting hole cover to reduce smell and flies
- Construct washing facilities in the camps
- Repair and maintain tap stands and hand pumps to reduce water contamination at the source
- Provide drainage facilities in order to stop breeding of vectors during the rainy season
- Increase community mobilization and awareness
- Advocate for latrine use among the under 5 years old and the over 65 years old populations
- Hygiene promotion should focus on timing and method of hand washing
- Provision of permanent hand washing facilities
- Develop materials and tools to promote hygiene behavior change
- Fine tune the hygiene promotion approach by:
  - introducing one message at a time
  - staying with each message for one week
- Improve solid waste collection in the camps
- Improve supply NFI of items to the IDPs
## Annex: Survey Form

**MERCY CORPS ZALINGIE**

**KAP BASELINE SURVEY**

Camp:_________________________ Block No.:_________________ Village:_______________

Interviewer:__________________________ Date of Interview:_____________________

1. Household Identification name:_______________________________________________

2. Number of Household members

<table>
<thead>
<tr>
<th>Pregnant</th>
<th>Under 5 Yrs</th>
<th>6 to 14 Yrs</th>
<th>15 to 64 Yrs</th>
<th>Above 65 Yrs</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M</td>
<td>F</td>
<td>M</td>
<td>F</td>
<td>M</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3. Do you have a latrine? Yes ☐ No ☐

4. If yes, how many of the family members use it?

<table>
<thead>
<tr>
<th>Under 5 Yrs</th>
<th>6 to 14 Yrs</th>
<th>15 to 64 Yrs</th>
<th>Above 65 Yrs</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>M</td>
<td>F</td>
<td>M</td>
<td>F</td>
<td>M</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

5. What is the reasons for latrine use (Assign priority (1 to 5))

<table>
<thead>
<tr>
<th>Reasons</th>
<th>Priority No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 For better health</td>
<td></td>
</tr>
<tr>
<td>2 Privacy</td>
<td></td>
</tr>
<tr>
<td>3 Persuaded by NGOs or others</td>
<td></td>
</tr>
<tr>
<td>4 Social status</td>
<td></td>
</tr>
<tr>
<td>5 Others Specify</td>
<td></td>
</tr>
</tbody>
</table>

6. Are there any problems with the latrine?

- Water not available for cleaning
- Flies or Mosquitoes
- Superstructure does not ensure privacy
- Foul smell
- Flooding in rainy seasons
- Difficulties for younger children to use
- Pit filled up
- Slab not stable (Fear to fall)
- Other Issues

7. What are the diseases or illness your family experienced during the last three weeks?

<table>
<thead>
<tr>
<th>Diseases/Condition</th>
<th>Length of sickness</th>
<th>No of family members sick</th>
</tr>
</thead>
<tbody>
<tr>
<td>Malaria</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diarrhea among &lt;5 years</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diarrhea</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jaundice</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trachoma</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dysentry</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Skin disease</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Others specify</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
8. How do you protect your family from the above diseases?
   a) Keeping clean
   b) Use safe drinking water
   c) Use and cleaning latrine
   d) Follow the health advice
   e) Wash hands and personal hygiene
   f) Mosquito net
   g) Environmental cleaning

9. a. Do you wash your hands?  Yes  No
   b. If yes why do you wash your hands?
      1. To be clean  Yes  No
      2. Free from bad smell  Yes  No
      3. Prevent diseases  Yes  No

10. When do you wash your hands?
    a) Always when my hands are dirty
    b) After visiting latrine
    c) Before preparing food
    d) Before eating food
    e) After eating food
    f) After cleaning children
    g) Before breastfeeding

11. What do use to wash your hands?
    a) Soap
    b) Ash
    c) Plain water
    d) Sand
    e) Nothing

12. Do you clean your child after defecation?
    Yes  No

13. What do you do with children stool?
    a) leave it where it is
    b) Throw it in the street
    c) Throw it in the latrine
    d) don't see it as harmful
    e) Others, specify_________________________________________________________

14. What are the signs of dehydration
    a) Dryness of the mouth
    b) Watery stool
    c) Sunken eyes
    d) Fever
    e) Others, specify_________________________________________________________

15. Non food items and Hygiene utensils in the household

<table>
<thead>
<tr>
<th>Item</th>
<th>No.</th>
<th>Available</th>
<th>Type/size</th>
<th>specific use</th>
</tr>
</thead>
</table>
16. What do you do to keep your food safe?
   a) Cook it
   b) Cover it
   c) Wash it
   d) None of the above
   e) All the above

17. What do you do prevent skin disease?
   a) Bathe and change clothes regularly
   b) Wash all clothes and bedding regularly. Hang out in the sun
   c) Keep flies away from face
   d) Wash face everyday with soap and water
   e) All the above

18. What are important actions to maintain good hygiene?
   a) Bathing regularly
   b) Keeping food away from flies
   c) Keeping compound clean
   d) Washing hands all the times

19. Do you clean your water container?
   Yes  No

20. If yes how long?
   a) 2 days
   b) 5 days
   c) Two weeks
   d) Once a month
   e) Don’t clean

21. Why do you clean your water containers?
   a) Keep clean
   b) Prevent disease
   c) Persuaded to clean

22. What type of detergent do you use in cleaning?
   a) Water
   b) Soap
   c) Sand
   d) Gravel
   e) Soap and gravel
   f) None

23. Did you receive plastic sheet from Mercy Corps?
   Yes  No

24. How did you use it?
   Roof  Floor  Others

25. Where do you bathe?
   a) In the house
   b) Latrine
   c) No where

26. How often would you like to bathe
   a) Once a week
   b) Once a day
   c) Twice a week

27. Why not often?
   a) Lack of water
   b) No private place to bathe
   c) No materials to wash with (soap, buckets, jericans)